



**An Information Service of the Division of Medical Assistance**

**North Carolina  
Medicaid Pharmacy  
Newsletter**

*Number 122*

*April 2005*

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## **Bextra Recall and NC Medicaid Coverage**

Pfizer Inc., has agreed to suspend the sales and marketing of its COX-2 inhibitor painkiller Bextra at the request of the U.S. and European drug regulators. On March 7, 2005, N.C. Medicaid end dated all forms of Bextra and will no longer cover any strength or package size. There will be no PA overrides made available for this drug. Individual prescribers must decide whether their patients currently taking Bextra should use another COX-2, or change to another anti-inflammatory agent.

## **Drug Coverage under Hospice**

Recipients who are enrolled in the hospice program are covered under a per diem rate, which covers all services for that recipient. Effective February 25, 2005, the pharmacist will be notified via the POS system if the recipient is enrolled in hospice. If so, all drug claims will be denied with the message “**recipient claim covered by hospice**”. If the drug happens to be used for an indication not directly related to the recipient’s terminal illness then an override will be available. A ‘1’ in the PA field and the ICD9 code in the diagnosis field for the patient’s terminal illness will override the hospice edit. It is acceptable to use the 3 digit ICD9 code. Do not use the ICD9 code for the indication of the drug. There will be some drug classes where overrides will not be allowed. These drug classes include narcotic analgesics, hematinics, antiemetics and most chemotherapeutics.

The overrides will be monitored by Program Integrity. If the patient has more than 6 medications that will not be covered by hospice, then any claims going over this limit will need to be billed on paper with an ‘O’ in the family planning field. All questions concerning drug coverage for these patients should be directed to the local hospice.

Pharmacy providers should contact the Division of Medical Assistance (919-855-4300) with questions regarding Medicaid coverage of pharmacy claims in the four drug classes for which overrides are not allowed. If it is determined that Medicaid coverage is appropriate, then the provider will be given billing instructions at the time of the call.

## **Correct Billing of Risperdal Consta**

It has come to our attention that claims for Risperdal Consta are being billed incorrectly, such as billing in ml’s or mgs. The correct NCPDP billing unit for Risperdal Consta is an ‘each’. If there are questions regarding the correct unit of measure for a drug, please contact EDS provider services at 1-800-688-6696.

## Changes in Drug Rebate Manufacturers

The following changes are being made in manufacturers with Drug Rebate Agreements. They are listed by manufacturer code, which are the first five digits of the NDC.

### Additions

The following labelers have entered into Drug Rebate Agreements and joined the rebate program effective on the dates indicated below:

<u>Code</u>	<u>Manufacturer</u>	<u>Date</u>
10148	Cotherix, Inc.	4/21/2005
11399	GTX INC.	3/18/2005
67537	Varsity Laboratories	4/06/2005
68774	Dava Pharmaceuticals, INC.	3/14/2005

### Terminated Labelers

The following labeler codes were voluntarily terminated effective **April 1, 2005**:

Pharmascience, INC (Labeler Code 51817);  
Baxter Healthcare (Labeler Code 54129);  
Effcon Laboratories, INC. (Labeler Code 55806); and  
The F. Dohmen Company (Labeler Code 65779).

## Federal Mac List Changes

Effective May 8, 2005, the following changes will be made to the Medicaid Drug Federal Upper Limit List:

### FUL Deletions

#### Generic Name

Acetazolamide

250mg, Tablet, Oral, 100

Thioridazine Hydrochloride

10mg, Tablet, Oral, 100

25mg, Tablet, Oral, 100

50mg, Tablet, Oral, 100

100mg, Tablet, Oral, 100

**FUL Additions (cont.)**

<u>Generic Name</u>	<u>FUL Price</u>
Cilostazol	
100mg, Tablet, Oral, 60	\$1.7790 B
Citalopram Hydrobromide	
10mg, Tablet, Oral, 100	\$0.5850 B
20mg, Tablet, Oral, 100	\$0.6150 B
40mg, Tablet, Oral, 100	\$0.6600 B
Demeclocycline Hydrochloride	
150mg, Tablet, Oral, 100	\$9.4950 B
300mg, Tablet, Oral, 48	\$17.1875 B
Fluconazole	
50mg, Tablet, Oral, 30	\$0.5000 B
Fluconazole	
100mg, Tablet, Oral, 30	\$0.8825 B
200mg, Tablet, Oral, 30	\$1.4075 B
Fluticasone Propionate	
0.005%, Ointment, Topical, 30gm	\$1.1110 B
0.05%, Cream, Topical, 30gm	\$1.1110 B
Glyburide; Metformin Hydrochloride	
1.25mg; 250mg, Tablet, Oral, 100	\$0.8405 B
2.5mg; 500mg, Tablet, Oral, 100	\$1.0026 B
5mg; 500mg, Tablet, Oral, 100	\$1.0026 B
Halobetasol Propionate	
0.05%, Ointment, Topical, 50gm	\$1.4766 B
Hydrochlorothiazide; Quinapril Hydrochloride	
12.5mg; 10mg, Tablet, Oral, 100	\$0.6450 B
12.5mg; 20mg, Tablet, Oral, 100	\$0.6983 B
Hydrochlorothiazide; Quinapril Hydrochloride	
25mg; 20mg, Tablet, Oral, 100	\$0.7065 B
Hydrocortisone Valerate	
0.2%, Cream, Topical, 45gm	\$0.6583 B
0.2%, Ointment, Topical, 45gm	\$0.6583 R
Hydroxyzine Hydrochloride	
10mg, Tablet, Oral, 100	\$0.4865 R
50mg, Tablet, Oral, 100	\$0.8222 B
Levothyroxine Sodium	
0.025mg, Tablet, Oral, 100	\$0.2318 B
0.05mg, Tablet, Oral, 100	\$0.2633 B

# **FUL Additions (cont.)**

<u>Generic Name</u>	<u>FUL Price</u>
Levothyroxine Sodium	
0.075mg, Tablet, Oral, 100	\$0.2910 B
0.088mg, Tablet, Oral, 100	\$0.2955 B
0.1mg, Tablet, Oral, 100	\$0.2985 B
0.112mg, Tablet, Oral, 100	\$0.3443 B
0.125mg, Tablet, Oral, 100	\$0.3495 B
0.15mg, Tablet, Oral, 100	\$0.3600 B
0.175mg, Tablet, Oral, 100	\$0.4275 B
0.2mg, Tablet, Oral, 100	\$0.4418 B
0.3mg, Tablet, Oral, 100	\$0.6023 B
Methimazole	
5mg, Tablet, Oral, 100	\$0.4212 R
10mg, Tablet, Oral, 100	\$0.7176 R
Metoprolol Tartrate	
25mg, Tablet, Oral, 100	\$0.0720 B
Ofloxacin	
0.3%, Solution/Drops, Ophthalmic, 5ml	\$6.7470 B
Omeprazole	
10mg, Capsule, D.R. Pellets, Oral, 100	\$3.5463 B
20mg, Capsule, D.R. Pellets, Oral, 100	\$3.9790 B
Promethazine Hydrochloride	
12.5mg, Suppository, Rectal, 12	\$0.9612 B
25mg, Suppository, Rectal, 12	\$1.0362 B
Ribavirin	
200mg, Capsule, Oral, 84	\$7.5764 B
Terconazole	
0.4%, Cream, Vaginal, 45gm	\$0.9650 B
0.8%, Cream, Vaginal, 20gm	\$1.9868 B
Triazolam	
0.25mg, Tablet, Oral, 10	\$0.3251 B

# **FUL Price Decreases**

<u>Generic Name</u>	<u>FUL Price</u>
Acebutolol Hydrochloride	
EQ 200mg Base, Capsule, Oral, 100	\$0.3567 B
EQ 400mg Base, Capsule, Oral, 100	\$0.5315 B

**FUL Price Decreases (cont.)**

<u>Generic Name</u>	<u>FUL Price</u>
Acetaminophen; Hydrocodone Bitartrate	
500mg/15ml; 7.5mg/15ml, Sol, Oral, 473	\$0.0633 R
500mg/15ml; 7.5mg/15ml, Elix, Oral, 473	\$0.0633 R
500mg; 7.5mg, Tablet, Oral, 100	\$0.1739 B
650mg; 7.5mg, Tablet, Oral, 100	\$0.1410 B
750mg; 7.5mg, Tablet, Oral, 100	\$0.1407 B
Acetaminophen; Propoxyphene Hydrochloride	
650mg; 65mg, Tablet, Oral, 100	\$0.1090 R
Acyclovir	
400mg, Tablet, Oral, 100	\$0.2334 B
800mg, Tablet, Oral, 100	\$0.4667 B
Albuterol	
0.09mg, Aerosol, Metered, Inh., 17gm	\$0.3088 R
Albuterol Sulfate	
EQ 0.083% Base, Solution, Inh., 3ml	\$0.1150 B
EQ 0.5% Base, Solution, Inh., 20ml	\$0.2333 B
Allopurinol	
300mg, Tablet, Oral, 100	\$0.1013 R
Etodolac	
500mg, Tablet, Oral, 100	\$0.7500 B
Hydroxyzine Hydrochloride	
10mg/5ml, Syrup, Oral, 480ml	\$0.0159 B
25mg, Tablet, Oral, 100	\$0.6744 B
Ibuprofen	
800mg, Tablet, Oral, 100	\$0.0590 B
Propranolol Hydrochloride	
80mg, Tablet, Oral, 100	\$0.1020 B
Ranitidine Hydrochloride	
EQ 150mg Base, Tablet, Oral, 100	\$0.1088 B
EQ 300mg Base, Tablet, Oral, 30	\$0.2025 R
Triazolam	
0.125mg, Tablet, Oral, 10	\$0.3012 B

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## Checkwrite Schedule

April 12, 2005	May 10, 2005
April 19, 2005	May 17, 2005
April 28, 2005	May 26, 2005
May 3, 2005	

## Electronic Cut-Off Schedule

April 8, 2005	May 6, 2005
April 15, 2005	May 13, 2005
April 22, 2005	May 20, 2005
April 29, 2005	

*Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date. POS claims must be transmitted and completed by 12:00 midnight on the day prior to the electronic cut-off date to be included in the next checkwrite*



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